



## **MONTANA STATE HOSPITAL POLICY AND PROCEDURE**

### **PATIENT GRIEVANCE PROCEDURE**

**Effective Date:** April 10, 2006

**Policy #:** PR-03

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**I. PURPOSE:** To provide a mechanism by which Montana State Hospital patients, or persons on their behalf, can express complaints, resolve disputes, or bring attention to incidents, conditions, practices and/or policies of Montana State Hospital (MSH) that may violate patient rights.

**II. POLICY:**

- A. Montana State Hospital patients can use the patient grievance procedure as a formal means to voice complaints, resolve disputes concerning staff actions or hospital procedures, or bring attention to possible violations of patient rights.
- B. The Patient Grievance Procedure is a means for inquiring into the issue raised by the patient, looking at the issue from the patient's perspective as well as that of staff members, and identifying whether any action can be taken to resolve identified problems or prevent recurrence.
- C. Patients should be encouraged, but are not required, to attempt to appropriately voice complaints and resolve disputes through routine and informal interactions with staff.
- D. Anyone may submit a grievance on behalf of a patient concerning a complaint regarding patient care at Montana State Hospital
- E. A patient filing a grievance may receive assistance from any other person or organization at any stage of the grievance process.
- F. No person shall be punished or retaliated against for using the Patient Grievance Procedure. Patients should be encouraged to use the grievance procedures as a formal and appropriate way to express their concerns or complaints to staff and resolve disputes, instead of relying on inappropriate, acting out behaviors.
- G. Use of the Patient Grievance Procedure does not limit the right of a patient to seek remedy for a complaint in the legal system.
- H. The Patient Grievance Committee reserves the right to limit the number of grievances from any one individual in process at any given time. For example, if

a patient submits ten (10) grievances in a short period of time, they may be asked to identify the issue of primary importance. That grievance will be processed before the others are considered.

- I. Patients and family members will be provided with information regarding patient advocacy organization that may be able to assist them, such as the Mental Disabilities Board of Visitors and the Mental Health Ombudsman.

**III. DEFINITIONS:** None

**IV. RESPONSIBILITIES:**

- A. Patient Grievance Committee is responsible for reviewing and responding to patient grievances, and recommending action within the context of this policy. The PGC is responsible for oversight and coordination of the Patient Grievance Procedure.
- B. The Social Work staff are responsible for explaining the Patient Grievance Procedure and MSH Patient Rights to each patient within a short time after admission. This may need to be repeated if the patient does not clearly understand the information when it is first presented.
- C. All staff are responsible for maintaining the integrity of the grievance process and helping to resolve patient complaints and disputes.

**V. PROCEDURE:**

- A. Upon admission, each patient is given a copy of the MSH Patient Rights by their MSH social worker. The social worker also explains the patient grievance procedure. MSH Patient Rights and the Patient Grievance Procedure are posted on each MSH unit; grievance forms are available, upon request, on all units.
  - 1. The PGC is comprised of three hospital staff members appointed by the Hospital Administrator.
  - 2. A representative of the Mental Disabilities Board of Visitors or other advocacy organization may participate in PGC meetings, reviewing grievances and offering suggestions for resolving complaints and disputes.
  - 3. The PGC is responsible for enforcing the time frames prescribed in the Patient Grievance Procedure.
  - 4. The PGC will make recommendations of appropriate action if it is determined corrective action is required.

5. The grievance process may be terminated at any time if:
  - a. a resolution is reached;
  - b. a patient objects to continuing with a grievance filed by a third party on the patient's behalf;
  - c. the issue grieved is found by the PGC, to be without merit;
  - d. the issue was previously grieved by the patient and a decision rendered from the PGC (this does not apply to appeals of a decision);
  - e. the issue should be addressed by a different MSH policy, i.e. allegations of patient abuse

#### Step 1

Staff will provide grievance forms to patients whenever requested. Staff should inquire at this time whether there is anything they can do to assist the patient or resolve the matter. If not, patients may file the grievance by filling out the form and giving it to staff or placing it in a hospital mailbox. Staff, other patients, advocates, or others may assist the patient in filling out the grievance.

All grievances will be forwarded to the Patient Grievance Committee for recording.

Within seven days, the Team Leader or other individual designated by the PGC will address the issue through informal means in an attempt for resolution.

If a resolution is reached, both the Team Leader and the complainant will sign and date the grievance form as "satisfied." The Team Leader will forward the grievance form to the Patient Grievance Committee.

If a resolution cannot be reached, the Team Leader will forward the Patient Grievance Form, the Patient Grievance Action Form, and relevant documentation as necessary, to the PGC. The PGC will meet and discuss the grievance within seven days. The complainant and the Team Leader will be notified in writing of the PGC decision. The committee will maintain records of its findings and actions.

#### Step 2

If the complainant is not satisfied with the response of the PGC, an appeal may be submitted to the PGC within ten days of receiving the written decision.

A Review Officer will be appointed by the PGC to investigate the grievance. The selection of the Review Officer will be based on expertise relevant to the grievance and the ability to objectively investigate the issue. The Review Officer will submit a written report to the PGC within ten days of the assignment. This report will include documentation of the investigative activities and a recommendation for resolution.

The PGC will make a decision based on the investigation findings. The complainant, Team Leader, and Patient Advocate (if indicated), will be notified in writing of the decision.

#### Step 3

If the complainant is not satisfied with the response of the PGC, an appeal may be submitted to the PGC within ten days of receiving the written decision.

The Hospital Administrator will be notified by the PGC of this appeal. A hearing will be scheduled and conducted, unless waived by the complainant, within 15 days of receipt of appeal. The complainant, Patient Advocate (if indicated), Team Leader and others involved with the issue will be notified at least five days in advance of the date, time and location of the hearing.

Every reasonable effort will be made to ensure full development of the issue in a fair and equitable manner. Parties to the grievance may call witnesses for testimony. However, the Hospital Administrator may limit repetitive or irrelevant testimony and/or the number of witnesses. If necessary, separate arrangements will be made to hear testimony from parties unable to attend the hearing.

The Hospital Administrator will prepare a written decision within 15 days. The complainant, Patient Advocate (if indicated) and Team Leader will be notified in writing of the decision.

In the event the hearing is waived by the complainant, the Hospital Administrator will review applicable statements and documentation and render a written decision within 15 days of receipt of the appeal.

#### Step 4

If the complainant is not satisfied with the response of the Hospital Administrator, an appeal may be submitted within ten days of receiving the written decision.

The Administrator of the Addictive and Mental Disorder Division of the Department of Public Health and Human Services will be notified within

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three days of receipt of the appeal. The appeal and relevant information will be directed to the Division Administrator.

The Division Administrator will render a written decision within 15 days of his/her receipt of the grievance unless he/she requests additional investigation into the issue. If additional investigation is conducted, the decision will be rendered within 40 days upon completion of additional investigation.

The complainant, Patient Advocate (if indicated), Team Leader and PGC will be notified in writing of the decision. The Division Administrator's decision is final.

6. The PGC maintains files of all grievances and corresponding documentation, statements and decisions.

A database of aggregate grievance information (number of grievances filed, types of complaints, resolutions reached, etc.) is also maintained. This information is reported semiannually to the Quality Improvement Committee.

- J. Patients should be encouraged, but are not required, to attempt to appropriately voice complaints and resolve disputes through routine and informal interactions with staff.
- K. Patients have the expressed right to bypass this entire grievance procedure and contact the Department of Public Health and Human Services Mental Health Ombudsman at any time.
- L. Patients have the expressed right to bypass this entire grievance procedure and contact any advocacy organization, such as the Montana Mental Health Board of Visitors or Montana Advocacy Program for assistance.

**VI. REFERENCES:** Title 53, Chapter 21, section 142<sup>(14)</sup> Montana Codes Annotated

**VII. COLLABORATED WITH:** Mental Disabilities Board of Visitors, Patient Grievance Committee Chair, Hospital Administrator

**VIII. RESCISSIONS:** Policy # PR-03, *Patient Grievance Procedure* dated March 31, 2003; Policy # PR-03, *Patient Grievance Procedure* dated February 14, 2000; MSH Policy #13-03G.081390, *Patient Grievance Procedure* dated September 30, 1996

**IX. DISTRIBUTION:** All hospital policy manuals.

**X. REVIEW AND REISSUE DATE:** April 2009

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**XII. ATTACHMENTS:** None

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 Connie Worl Date  
 Director of Quality Improvement